

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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2022 JUL 15 PM 2:35

Robert Lee Murray known as

Leviticus Luefer

Write the full name of each plaintiff.

No. 21CV6718

(To be filled out by Clerk's Office)

AMENDED  
COMPLAINT  
(Prisoner)



-against-

City of New York et al.

C.O Eng #17206

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Rodet Lee Murray  
First Name Middle Initial Last Name

LEVITILUS LUCER

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-21-03473

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Kirby

Current Place of Detention

102 River Road Wards Island NY NY 10035  
Institutional Address

NY  
County, City

NY  
State

10035  
Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: 8 JOHN DAW CO.

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 2: 7 Jane Daw Capton

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 3:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

1

V. STATEMENT OF CLAIM

Place(s) of occurrence: C95 main intake

Date(s) of occurrence: 11/15/2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Taken To C95 on a parole violation on 11-14-2020  
at 3:00pm I laid Down when I got up in The Pen  
That was 11-15-2020 They was giving out cearle The  
Lady C.O. Sed Im giving all of you 2 Boxes an officer  
Told her To go he will Do it when she left He sed Im  
only giving you one Box I Smash The Box Through  
The gate he left and came Back with 7 officers an a  
one Baby Capton one of The officers was C.O. Eng #17206  
at This Time They ask me To come out The pen  
I Did as Told They Told me To go To The Strip area  
to Step into divider and Strip in front  
of a Female officer. The told me if I  
didn't Strip they would Spray me with  
mase. I complied when I took off my  
clothes they told me to turn around  
and spread my But cheeks. And threatened  
to spray me with mase if I did not  
comply. The the officer put on a condom  
and put his penis in my But. Then when  
he finished made me dress

and put me in Pen #7. I was in the pen I called the captain and deputy then they came to see I told them what happened to me. They said they would investigate my Allegation then I seen officer Eng #17206 walking back with of her. Then I knew my life was IN DANGER the officers were walking back and forth so I went towards the toilet that was filled up with feces and urine I used it to protect my self.

Lower back, anal Injury The

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I suffered from anal contact, and sprayed  
~~the~~ Byrase and Eye Injury

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I am seeking 300 million dollars  
and punitive damages and 300 million  
in compency damages

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7-8-22  
Dated

Robert Lee  
First Name

Murray  
Last Name

102 River Edge Road NY NY 10035  
Prison Address



NY  
County, City

NY  
State

10035  
Zip Code

Plaintiff's Signature

Date on which I am delivering this complaint to prison authorities for mailing: 7-8-22

		<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>		<b>ATTACHMENT A</b>			
<b>REPORT AND NOTICE OF INFRACTION</b>				Form: 6500A Rev.: 08/04/15 Ref.: Dir. #6500R-C			
Infraction #:	Institution: <b>AMKC</b>	Date of Incident: <b>11/15/20</b>	Time Infraction Written: <b>2230</b>	Date of Report: <b>11/15/20</b>			
Inmate Name (Last, First): <b>Murray, Robert</b>			B&C Sentence #: <b>8952000730</b>	NYSID #: <b>06093686K</b>			
Location of Incident (Be Specific): <b>Main Intake Pen #7</b>			Housing Area Location: <b>Receiving room</b>	Approximate Time of Incident: <b>1747</b> Hrs.			
Charge #	Offense		Charge #	Offense			
<b>120.10, 120.11</b>	<b>Refusal to Obey a direct order</b>						
<b>101.10</b>	<b>Assault on Staff</b>						
<b>127.10, 127.11</b>	<b>Threats</b>						
Reporting Official (Print Name, Rank and Shield #): <b>Suarez, CO#2389</b>			Reporting Official (Signature): <i>[Signature]</i> # <b>2389</b>				
Details of Incident (Include details as to How, When and Where Infraction was Committed):  <p>On Sunday November 15, 2020 at approximately 1747hrs this writer along with main intake staff entered intake pen #7 in order to move new admissions out in order to continue their process. Inmate Murray, Robert B/C 8952000730 NYSID 06093686k became aggressive and began to behave erratically. This writer observed inmate Murray in possession of feces and bodily fluids. He was ordered by multiple staff members to drop it to which he refused and began to assault staff with feces, bodily fluids, and other unknown liquid substances. Chemical agents were utilized against said inmate which were not effective and inmate Murray continued to throw feces at staff. When this writer witnessed Officer Eng #17206 in danger of inmate Murray's liquid assault this writer utilized one application to the facial area of inmate Murray in an attempt to stop his continued and relentless assault against staff. This writer was struck in the head with feces during inmate Murray's assault. Once all staff were out of the pen inmate Murray was secured and a level B was activated.</p>							
You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.							
At your hearing you have the following rights: <ol style="list-style-type: none"> <li>1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.</li> <li>2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.</li> <li>3. Right to present material evidence.</li> <li>4. Right to present witnesses.</li> <li>5. Right to the assistance of a Hearing Facilitator.</li> <li>6. Right to an interpreter if you cannot communicate well enough in English.</li> <li>7. Right to appeal.</li> </ol>							
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination: <ol style="list-style-type: none"> <li>1. Reprimand.</li> <li>2. Loss of privileges.</li> <li>3. Loss of good time if you are a sentenced inmate.</li> <li>4. Punitive segregation for up to thirty (30) days per each applicable individual charge.</li> <li>5. Restitution for intentionally damaging or destroying City property.</li> </ol> A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.							
Interpreter Requested:		<input type="checkbox"/> Yes (If yes, include what language)		<input checked="" type="checkbox"/> No			
Hearing Facilitator Requested:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Witness(es) Requested:		<input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if Inmate) or Shield/ID (if staff) and Location (if Inmate) or Post (if staff).		<input checked="" type="checkbox"/> No			
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		Shield/ID Number:		Post:			
I certify that I received a copy of this notice:		Signature of Inmate: <i>[Signature]</i>		Date: <b>11/16/20</b>		Time: <b>1935</b>	
Served by (Print Name, Rank and Shield #): <b>RODRIGUEZ, CAPTAIN #506</b>		Signature of Server: <i>[Signature]</i>					
Refused to Sign for Notice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: <i>[Signature]</i> <b>13182</b>					

DISTRIBUTION: (SINGLE SIDED) COPY - NOTICE TO INMATE

(DOUBLE SIDED WITH FORM 6500B) COPY TO FACILITY



FIRST-CLASS MAIL

NEOPOST

07/12/2022

US POSTAGE \$001.05

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TO-PROSE CLERK:  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
500 PENAL STREET  
NEW YORK, N.Y. 10007

1000731300 0099

Murray  
PSYCHIATRIC CENTER  
PSYCHIATRIC CENTER  
LAND COMPLEX  
NEW YORK 10035-6095

*Robert Murray*  
 MANHATTAN PSYCHIATRIC CENTER  
 KIRBY FORENSIC PSYCHIATRIC CENTER  
 WARD'S ISLAND COMPLEX  
 NEW YORK, NEW YORK 10035-6095

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TO-PROSEC CLERK:  
 U.S. DISTRICT COURT  
 SOUTHERN DISTRICT OF NEW YORK  
 500 PEARL STREET  
 NEW YORK, N.Y. 10007

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